

03500.015126.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: C. Hewitt, II
YOSHINORI ITO)	
	:	Group Art Unit: 3621
Application No.: 09/783,073)	
	:	
Filed: February 15, 2001)	
	:	
For: IMAGE PROCESSING)	
APPARATUS, IMAGE	:	
PROCESSING METHOD,)	
IMAGE PROCESSING	:	
SYSTEM AND STORAGE)	
MEDIUM	:	October 6, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination on the merits, a Request for Continued Examination (RCE) having been filed concurrently herewith, and in response to the Office Action dated July 8, 2005, please amend the above-identified application as follows:

In re Application of:

YOSHINORI ITO

Application No.: 09/783,073

Filed: February 15, 2001



Docket No. 03500.015126.

Examiner: C. Hewitt, II

Group Art Unit: 3621

Date: October 6, 2005

For: IMAGE PROCESSING APPARATUS, IMAGE PROCESSING METHOD, IMAGE PROCESSING SYSTEM AND STORAGE MEDIUM

Mail Stop RCE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional claims fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 37	= 0	x \$25 \$50	-0-
INDEP. CLAIMS	* 7	MINUS	*** 13	= 0	x \$100 \$200	-0-
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

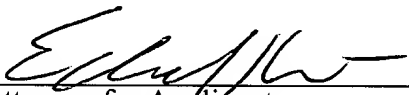
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Edward A. Kmett
Registration No.: 42,746

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